

ALL INCOME & EXPENSE STATEMENTS MUST BE SIGNED AND MUST HAVE A CONTACT PHONE NUMBER.

2015 COMMERCIAL DATA REQUIRED

APARTMENT HOUSES

- 1) JULY & NOVEMBER 2015 RENT ROLLS
- 2) LIST OF APARTMENTS, THE APARTMENT NUMBER & THE NUMBER OF ROOMS IN EACH APARTMENT
- 3) DETAILED EXPENSES
- 4) ADDITIONAL INCOME RECEIVED IE: LAUNDRY, CABANA, STORAGE BINS, CELL TOWER, GYM
- 5) # INDOOR & # OUTDOOR PARKING SPACES & THE MONTHLY CHARGE FOR EACH TYPE OF PARKING
- 6) LIST OF APARTMENTS WHICH WERE VACANT IN 2015 AND THE VACANCY TIME PERIOD. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET". IF YOU CHOOSE NOT TO LIST THE VACANCIES OF EACH APARTMENT AND THE MONTHS THAT THE APARTMENT WAS VACANT, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND YOU COULD BE IN VIOLATION OF THE LAW.**

COOPERATIVE BUILDINGS

- 1) IF THE COOPERATIVE IS 100% OWNER OCCUPIED – PLEASE STATE IT ON THE “SCHEDULE OF INCOME & EXPENSE” (PART 2 OF THE CREAM COLORED FORM). DO NOT PROVIDE US WITH ANY COMMON CHARGES.
- 2) JULY & NOVEMBER, 2015 RENT ROLLS FOR THOSE UNITS THAT ARE NOT OWNER OCCUPIED
- 3) LIST OF APARTMENTS, APARTMENT # & THE # OF ROOMS IN EACH APARTMENT
- 4) DETAILED EXPENSES
- 5) ADDITIONAL INCOME RECEIVED IE: LAUNDRY, CABANA, STORAGE BINS, CELL TOWER, GYM
- 6) # INDOOR & OUTDOOR PARKING SPACES & THE MONTHLY CHARGE FOR EACH TYPE OF PARKING
- 7) COMPLETE COPY OF 2015 FINANCIAL STATEMENTS.
- 8) LIST ANY VACANCY & THE VACANCY TIME PERIOD. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT.**

RETAIL ONLY

- 1) NAMES OF TENANTS, THE 2015 MONTHLY RENT PAID BY EACH & THE SQUARE FOOTAGE OCCUPIED BY EACH TENANT
- 2) COMPLETE COPY OF ALL CURRENT LEASES & RIDERS (IF NOT ALREADY PROVIDED TO THIS OFFICE)
- 3) LIST OF DETAILED EXPENSES
- 4) LIST ANY VACANCY & THE VACANCY TIME PERIOD. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT.**

RETAIL/APARTMENTS

- 1) NAMES OF RETAIL TENANTS, THE 2015 MONTHLY RENT PAID BY EACH & THE SQUARE FOOTAGE OCCUPIED BY EACH TENANT
- 2) COMPLETE COPY OF ALL CURRENT LEASES & RIDERS (IF NOT PREVIOUSLY PROVIDED)
- 3) LIST OF DETAILED EXPENSES
- 4) JULY & NOVEMBER 2015 APARTMENT RENT ROLLS.
- 5) LIST OF APARTMENTS, APARTMENT # & THE # OF ROOMS IN EACH APARTMENT
- 6) LIST ANY VACANCY & THE LENGTH OF TIME VACANT. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT.**
- 7) ANY ADDITIONAL INCOME RECEIVED (I.E. PARKING, LAUNDRY ETC)

RETAIL/OFFICE

- 1) NAMES OF OFFICE TENANTS, THE 2015 MONTHLY RENT PAID BY EACH & THE SQUARE FOOTAGE OCCUPIED BY EACH
- 2) NAMES OF RETAIL TENANTS, THE 2015 MONTHLY RENT PAID BY EACH & THE SQUARE FOOTAGE OCCUPIED BY EACH.
- 2) COMPLETE CURRENT COPY OF ALL RETAIL & OFFICE LEASES & RIDERS (IF NOT PREVIOUSLY PROVIDED)
- 3) LIST OF ALL DETAILED EXPENSES
- 4) LIST ANY VACANCY & THE LENGTH OF TIME VACANT FOR RETAIL & OFFICE. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT**

PROFESSIONAL OFFICE

- 1) NAMES OF TENANTS AND THE 2015 RENT PAID BY EACH
- 2) THE SUITE NUMBER OF EACH TENANT & THE SQUARE FOOTAGE OCCUPIED BY EACH.
- 3) DETAILED LIST OF EXPENSES
- 4) THE SUITE NUMBER & SQUARE FOOTAGE OF ANY VACANT OFFICES, & THE LENGTH OF TIME VACANT. **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT..**

NURSING HOME

- 1) COPY OF CURRENT LEASE (ARM'S LENGTH OR OTHERWISE)
- 2) COPY OF 2015 NYS DEPARTMENT OF HEALTH REIMBURSEMENT SCHEDULE
- 3) # OF BEDS OCCUPIED BY PRIVATE PAYING RESIDENTS
- 4) BREAKDOWN OF ALL 2015 INCOME RECEIVED FOR ALL RESIDENTS (MEDICAID & PRIVATE)
- 5) DETAILED LIST OF EXPENSES
- 6) # OF BEDS VACANT & LENGTH OF TIME VACANT.

ADULT HOMES

- 1) # OF BEDS & # OF ROOMS IN THE FACILITY
- 2) BREAKDOWN OF ALL 2015 INCOME RECEIVED FROM ALL RESIDENTS (I.E. MONTHLY CHARGES PER BED, INCOME RECEIVED FROM LAUNDRY FEES, DINING ETC.)
- 3) DETAILED LIST OF EXPENSES
- 4) # OF BEDS VACANT & LENGTH OF TIME VACANT

INDUSTRIAL/MANUFACTURING

- 1) NAMES OF TENANTS AND 2015 MONTHLY RENT PAID BY EACH.
- 2) SQUARE FOOTAGE OCCUPIED BY EACH TENANT
- 3) COPY OF ALL LEASES (IF NOT PREVIOUSLY PROVIDED).
- 4) DETAILED LIST OF EXPENSES
- 5) **YOU MUST LIST THE VACANCIES ON THE ENCLOSED "VACANCY SHEET" AND THE LENGTH OF TIME THAT THE SPACE WAS VACANT.**

PARKING LOTS

- 1) YOU MUST PROVIDE THE NUMBER OF PARKING SPACES ON THE LOT.
- 2) YOU MUST PROVIDE THE RENT PER MONTH PER SPACE CHARGED.

HOTEL

- 1) A ROOM INVENTORY (I.E. # STANDARD RMS, # DELUXE RMS, # PENTHOUSES, # SUITES.
- 2) A SEASONAL RATE SCHEDULE FOR ALL ROOM TYPES
- 3) A COPY OF ANY AND ALL LEASES AND/OR LICENSED AGREEMENTS WITH OPERATORS OR SUBLETS SUCH AS RESTAURANT, CONVENTION CENTER, SPAS, BEAUTY PARLORS, GYM ETC.
- 4) A COPY OF A PROFORMA INDICATED THE PROJECTED EXPENSES AND VACANCY RATES.
- 5) A COPY OF THE CONTRACT AND CLOSING STATEMENT IF A NEW PURCHASE.
- 6) AN AFFIDAVIT FROM THE CONTRACTOR AND/OR OWNER STATING THE COST OF RENOVATION AND REHABILITATION.